



**SCHOOL OF GRADUATE STUDIES**

Tel. 0771349741

P.O. BOX 103- 40404  
**RONGO**

**STUDENT ACCEPTANCE FORM**

Dear Sir/ Madam,

I \_\_\_\_\_  
Surname First Name Last Name

Admission No. \_\_\_\_\_ ID/Passport No. \_\_\_\_\_

Mobile No. \_\_\_\_\_ E-mail \_\_\_\_\_

With reference to your letter offering me a place in the School of:

\_\_\_\_\_

For a course leading to the Degree of \_\_\_\_\_/Postgraduate Diploma  
in: \_\_\_\_\_

Do hereby confirm that: (tick as appropriate)

A.  **I DO ACCEPT** the offer and **PROMISE TO ABIDE** by the Rules and Regulations Governing Examinations, the Conduct and Discipline of Students and the Rules and Regulations Governing Graduate Studies at **Rongo University**. I understand that change of School, Department or Course will be permitted only by the **Rongo University Senate**.

B.  **I DO NOT ACCEPT** the offer, reason(s)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_